

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004921

FILED
Apr 23, 2003
Secretary of State

Entity Name: GARDEN VILLA'S NEIGHBORHOOD FAMILY CENTER, INC.

Current Principal Place of Business:

60 A SANDLEWOOD DR. WEST
CLEARWATER, FL

New Principal Place of Business:

Current Mailing Address:

60 A SANDLEWOOD DR. WEST
CLEARWATER, FL

New Mailing Address:

FEI Number: 59-3742549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, CHERIE
1047 54TH AVE. S.
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

JENKINS, HILDEGARDE DR.
821 7TH ST. N.
ST. PETERSBURG, FL 33701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR. HILDEGARDE JENKINS

04/23/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREEN, CHERIE
Address: 1047 54TH AVE. S
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VD () Delete
Name: SEALS, CINDY
Address: 83 TANGLEWOOD DR.
City-St-Zip: CLEARWATER, FL 33759

Title: TD () Delete
Name: GAMMON, ANDREA
Address: 125 FERNWOOD AVE, #1
City-St-Zip: CLEARWATER, FL 33765

Title: SD () Delete
Name: SMITH, JACKIE
Address: 30 LADY MARY DR., #2
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JENKINS, HILDEGARDE DR.
Address: 821 7TH ST. N
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VD (X) Change () Addition
Name: CHEER, FRANKIE
Address: 21227 U.S. 19 N # 124 B
City-St-Zip: CLEARWATER, FL 33759

Title: TD (X) Change () Addition
Name: GLENN, DELORES
Address: 300 10TH ST. S. #333
City-St-Zip: ST. PETERSBURG, FL 33705

Title: SD (X) Change () Addition
Name: SMITH, JACKIE
Address: 6004 50TH ST. N # A
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. HILDEGARDE JENKINS

PD

04/23/2003

Electronic Signature of Signing Officer or Director

Date